

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

Printed: 09/27/2013
FORM APPROVED
OMB NO. 0938-0391

1424

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505239	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2013
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NAME OF PROVIDER OR SUPPLIER PARK ROSE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3919 SOUTH 19TH STREET TACOMA, WA 98405
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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 September 27, 2013 an unannounced complaint inspection was conducted for complaint intake #2872433 a fire in a resident room suction machine by a representative of the Washington State Patrol, State Fire Marshal's Office, following are the findings of this inspection.</p> <p>Upon arrival at the facility contact was made with the new maintenance director and administrator, both where not employed at the time of the incident and was limited to the knowledge of the incident, another staff member was able to track down the incident reports from the incident, the machine in question has already been discarded from the facility.</p> <p>The incident in question occurred on 9/5/2013 at approx 1430 hrs at which time a staff member entered the room 105 and smelled an electrical fire smell coming from the room that staff member summoned help from another staff to find the location of the smell and started unplugging machined=s in the room, they found a suction mache that had been turned off with what appeared to be a small fire in a contained switch on the machine, at this point the staff pulled the fire alarm to notify the fire department, another staff secured a fire extinguisher but when they returned to the room the flame was out so they removed the machine to the exterior of the building.</p> <p>The fire department arrived and determined that the fire was out, the fire department response was delayed due to a faulty fire alarm panel that failed to send the signal to the monitoring agency.</p>	K 000	<p>RECEIVED 09/27/13 FIRE DEPARTMENT F. J. B. S. A. I.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Audrey M. [Signature]</i>	TITLE <i>Aamen</i>	(X6) DATE <i>9/27/13</i>
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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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The city of Tacoma fire marshal ordered the facility to replace the existing fire alarm panel and placed the facility on fire watch.

The new panel is installed and operational at this time, although the contractor is still replacing the smoke heads with addressable heads the system is still functioning.

There was no harm to residents and no damage to the structure, the fire systems are operational at this time and the facility is in compliance.

No further action required by the State Fire Marshal at this time.


Deputy State Fire Marshal