

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

Printed: 03/19/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>REGENCY CARE CENTER AT MONROE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1355 WEST MAIN STREET MONROE, WA 98272</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>Surveyor: 19192 On March 19, 2015 a complaint inspection was conducted at Regency Care Of Monroe by a representative of the Washington State Patrol, State Fire Marshal's Office, this complaint is in regards to an incident of oily kitchen rags that were placed in a plastic bucket, the rags became hot from the chemical reaction of the oils, this caused a smell in the building that the caregiver smelled, they could not find the cause of the smell so they called the fire department to investigate.</p> <p>The fire department arrived and found the source in the laundry room, they removed the bucket of rags to the outside of the building were the rags ignited.</p> <p>There was no fire in the building, the fire alarm &amp; sprinkler system did not activate, there was no damage to the building and no injuries to staff or residents.</p> <p><i>Donald L. West</i> Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*[Signature]* Administrator 3/19/15

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.