

1433

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2 B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2013
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NAME OF PROVIDER OR SUPPLIER REGENCY AT THE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 420 SOUTHEAST MYRA ROAD COLLEGE PLACE, WA 99324
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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>This report is a result of an unannounced a Fire and Life Safety re-certification survey conducted at the Regency at the Park skilled nursing facility on 05-07-13 by a representative of the Washington State Fire Marshal's office. This survey was conducted in coordination with the Health Survey Team from the Washington State Department of Social and Health Services (DSHS) At the time of this survey there were a total of 88 residents being cared for..</p> <p>The 2000 Life Safety Code (LSC) section for New Health Care Occupancies was used in accordance with 42 CFR 483.70.</p> <p>Regency at the Park is a skilled nursing facility with a total of 53,806 of which 43, 995 square feet was constructed in approximately 1998. In 2008 a 20 bed addition of 9, 811 square feet was added to the building. A Two (2) hour fire rated wall with one and one half (1 1/2) doors on automatic closer's separates the new wing from the existing.</p> <p>The entire building is protected by a fully automatic Type 13 wet sprinkler system and a fully automatic fire alarm system with smoke detection, manual pull stations and supervision of the fire sprinkler system and the hood and duct suppression system. The building is of Type 5 (111) construction.</p> <p>This report is for the new building and Chapter 18 of the Life Safety Code (LSC) for an Existing Health Care Facility was applied for this inspection..</p> <p>As a result of this inspection there were no Violations of the LSC observed.</p>	K 000		
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NEW

~~COSEAN~~

3/11/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>interim administrator</i>	(X6) DATE <i>5/7/13</i>
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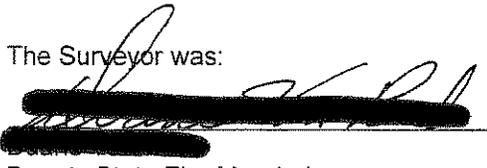
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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FORM APPROVED
OMB NO. 0938-0391

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K 000	<p>Continued From page 1</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 15826</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 993337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046</p>	K 000		