

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

Printed: 08/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505075	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2015
NAME OF PROVIDER OR SUPPLIER REGENCY AT THE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 420 SOUTHEAST MYRA ROAD COLLEGE PLACE, WA 99324		
(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>INITIAL COMMENTS</p> <p>Surveyor: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 08/26/2015 at Regency at the Park SNF located at 420 SE Myra Rd., College Place, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>This report is for the existing portion of the SNF, built in 1996. This area of the SNF is 43, 995 square feet. It is separated from the new wing by a 2 hour firewall with rated doors on automatic closers. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility consists of a single story structure of Type V (111) Construction. All exits from the building are to grade. The census today is 74 with a capacity for 106. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Addressable Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. Manual-pull stations are located at each exit as well as each nurses station.</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities." The Surveyor was: Doug DeGraff Deputy State Fire Marshal Life Safety Code Inspector 28239</p>	K 000		

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

TITLE

(X6) DATE

[Handwritten Signature]

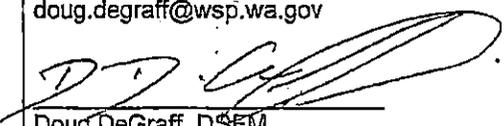
administrator

8/26/15

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.

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K 000	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA 99337 Telephone: (709) 734-5806 doug.degraff@wsp.wa.gov  Doug DeGraff, D\$FM 28239	K 000		