

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

Printed: 02/12/2013
FORM APPROVED
OMB NO. 0938-0391

1448

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505525	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - LACEY	STREET ADDRESS, CITY, STATE, ZIP CODE 4524 INTELCO LOOP SE LACEY, WA 98503
--	--

(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

INITIAL COMMENTS

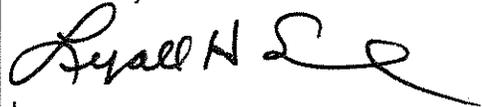
K 000

This report is a result of an unannounced Fire and Life Safety re-certification survey conducted at the Manorcare Health Services - Lacey on February 12, 2013, 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 Social and Health and Services (DSHS).

The "new" section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a two story structure of type V-1Hr. Construction with exits to grade and and protected interior stairways. The entire facility is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The facility has 120 licensed beds and a current census of 55.

The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

The Surveyor was:



Deputy State Fire Marshal
Nursing Home Surveyor 08158

The Surveyor was from:
Washington State Patrol
Fire Protection Bureau
PO Box 42600
Olympia, WA 98504-2600
Telephone: (360) 596-3908
FAX: (360) 596-3934

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

TITLE

(X6) DATE



Administrator

2-12-13

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.