

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

Printed: 12/01/2014
FORM APPROVED
OMB NO. 0938-0391

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 12/01/2014
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - LACEY	STREET ADDRESS, CITY, STATE, ZIP CODE 4524 INTELCO LOOP SE LACEY, WA 98503
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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: 09338 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Manor Care of Lacey on December 1, 2014, by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. Manor Care of Lacey has a total of 120 beds and at the time of this survey the census was 84.</p> <p>The new section of the 2000 Life Safety Code used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure with a Type 2-III construction. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with smoke detection in resident rooms and corridors. All exits are to grade with paved exit discharges to the public way.</p> <p>There were no deficiencies observed during the survey. The facility is in full compliance with the new 2000 Life Safety Code.</p> <p>The surveyor was:</p>  Michael L. Sturgeon Deputy State Fire Marshal	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative-in-Training</i>	(X6) DATE <i>12/01/2014</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.