

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

PRINTED: 11/15/2013
FORM APPROVED
OMB NO. 0938-0391

1449

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2013
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NAME OF PROVIDER OR SUPPLIER NORTHWOODS LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2321 SCHOLD PLACE NORTHWEST SILVERDALE, WA 98383
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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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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Northwoods Lodge on 11/4/13, 11/5/13, 11/6/13, 11/7/13, 11/8/13 and 11/12/13. A sample of 18 residents was selected from a census of 37. The sample included 12 current residents and the records of 6 discharged residents.</p> <p>The survey was conducted by:  RN, BSN, MBA  RN, BSN  RN, MN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long-Term Support Administration Residential Care Services, District 3 Unit A PO Box 45819, MS: N27-24 Olympia, WA 98504-5819</p> <p>Telephone: (253)-983-3800 FAX: (253)-589-7240</p> <p>Northwoods Lodge IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, REQUIREMENTS FOR LONG TERM CARE FACILITIES.</p> <p> 11/18/13 Residential Care Services Date</p>	F 000		
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11-26-13
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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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