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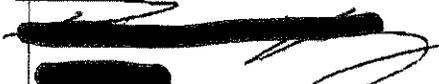
Printed: 11/07/2013
FORM APPROVED
OMB NO. 0938-0391

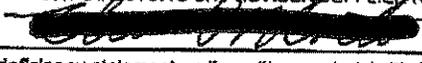
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505273	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B WING _____	(X3) DATE SURVEY COMPLETED 11/07/2013
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CAMAS	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NE DALLAS STREET CAMAS, WA 98607
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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	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Prestige Care and Rehabilitation-Camas on 11/7/13 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. The facility has a total of 83 beds and at the time of this survey the census was 62. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (1,1,1) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.  Deputy State Fire Marshal	K 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care & Rehabilitation Center Camas does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This Standard is not met as evidenced by: Surveyor: 29197	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 11/20/2013
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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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K 012	<p>Continued From page 1</p> <p>Based upon observations and staff interviews on 11/7/13 between approximately 1300 and 1500 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: A wire was observed to penetrate the ceiling in the equipment room without being sealed.</p> <p>The above was discussed and acknowledged by the Director of Maintenance.</p>	K 012	<p>K012 The wire was sealed by maint. The fire sprinkler room by room 209 has been sealed of all penetrations.</p>	
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Prestige Care and Rehabilitation- Camas on 11/7/13 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. The facility has a total of 83 beds and at the time of this survey the census was 62. The new section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (1,1,1) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in substantial compliance with</p>	K 000		

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K 000	Continued From page 2 the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.  Deputy State Fire Marshal	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 11/7/13 between approximately 1300 and 1500 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The fire sprinkler room across from room 209 was observed to have several unprotected penetrations. The above was discussed and acknowledged by the Director of Maintenance.	K 012	K012 The wire was sealed by maint. The fire sprinkler room by room 209 has been sealed of all penetrations.	
K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke.	K 018		

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K 018

Continued From page 3
Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3

K 018

This Standard is not met as evidenced by:
Surveyor: 29197
Based upon observations and staff interviews on 11/7/13 between approximately 1300 and 1500 hours the facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.

The findings include, but are not limited to:
The cross corridor doors by room 209 were observed to not close and latch.

The above was discussed and acknowledged by the Director of Maintenance.

K018 These doors were adjusted to latch in a secure fashion.

The Maint. Dept is responsible for monthly rounds to ensure this does not recur. All corrective actions were completed by Nov.12,2013. The Administrator will monitor to see that these solutions stay in place.