

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

Printed: 03/08/2013
FORM APPROVED
OMB NO. 0938-0391

1451

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505378	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2013
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - BURLI	STREET ADDRESS, CITY, STATE, ZIP CODE 1036 EAST VICTORIA AVENUE BURLINGTON, WA 98233
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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>An unannounced Life Safety Code Survey was conducted at Prestige Care and Rehabilitation - Burlington, Burlington, Washington, on March 8, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 49 bed facility with a census of 39, consisted of a Type V-111, 2 story structure, built in 1965. The 2nd floor of the structure is used for administration purposes as well as the basement. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>A Federal Life Safety Survey was conducted March 8, 2013. The Maintenance Director and Administrator accompanied the Deputy State Fire Marshal throughout the facility tour and paperwork verification from 9:42 AM to 12:30 PM. While conducting the survey on March 8, 2013, no deficiencies were found.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p><i>Paul V. Schwan</i> Deputy State Fire Marshal</p>	K 000		
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RECEIVED
MAR 12 2013
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 3/8/13
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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.