

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

Printed: 04/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>A1 - RICHLAND REHABILITATION CENTER</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>RICHLAND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1745 PIKE AVENUE RICHLAND, WA 99352</b>
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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><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on April 20, 2015 at Richland Rehabilitation Center, a Skilled Nursing Facility, located at 1745 Park Ave., Richland, WA 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 Health and Human Services (DSHS).</p> <p>This report is for the Skilled Nursing Facility wings of the building, built in 2004. The new section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility consists of 4 wings of a single story structure of Type V (111) Construction. A licensed AL occupies the remaining wing (separated by a 2 hour firewall). All exits from the building are to grade and lead to a public way. The facility is licensed for 71 with a census today is 61 provided by the Maintenance Director and verified by the Administrator. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. Manual-pull stations are located at each exit.</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities." The Surveyor was:</p> <p>Maria C. Valladares Deputy State Fire Marshal Life Safety Code Inspector 28058</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bradley Shjewa</i>	TITLE <i>Dir. of Maintenance</i>	(X6) DATE <i>04/20/2015</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.

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K 000	Continued From page 1  The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Yakima, WA 98903 Telephone: (509) 575-2190 FAX: (509) 576-3002   Maria C. Valladares, Deputy State Fire Marshal 28058	K 000		