

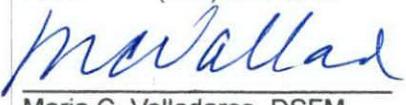
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

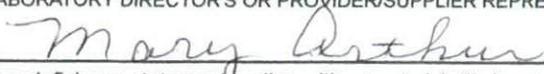
Printed: 09/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505226	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2015
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - SUNNY	STREET ADDRESS, CITY, STATE, ZIP CODE 721 OTIS AVENUE SUNNYSIDE, WA 98944
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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>This report is a result of an unannounced Federal Life Safety complaint investigation inspection conducted at Prestige Care & Rehabilitation - Sunnyside, 721 Otis Avenue, Sunnyside, Washington, on September 15, 2015 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment.</p> <p>Pursuant to DSHS Complaint Intake ID #313965, this inspection is to verify that the conditions for the waiver granted for K147 Power strips have been met.</p> <p>Inspection today revealed that the the waiver has expired. Since the facility applied for this waiver, CMS has implemented a Categorical Waiver specifically for power strips in S&C:14-46-LSC. The facility has provided documentation that they have elected to use the Categorical Waiver for power strips.</p> <p>The facility is in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. with regards to this complaint.</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002</p>  Maria C. Valladares, DSFM 28058	K 000	<p>RECEIVED</p> <p>SEP 28 2015</p> <p>FIRE PREVENTION DIVISION</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Adm</i>	(X6) DATE <i>9-15-15</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.