

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

1455

Printed: 12/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505283	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG 01 - ROBINSON WING B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2013
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CLAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1242 ELEVENTH STREET CLARKSTON, WA 99403
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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

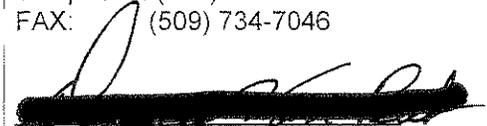
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This is the report of the unannounced Complaint investigation at the Prestige Care and Rehabilitation Center located in Clarkston, Washington and with a provider number of 50-5283. The complaint was received at the Residential Care Services division of the Department of Social and Health Services on 11-27-2013. The complaint was given a Intake ID number of 291753.

The synopsis of the complaint was a self reported incident involving a fire in a Clothes Drier in the Laundry room. The fire was contained to the dryer of origin and the attendant on duty immediately activated the fire alarm by use of a manual pull station. The fire was to small to activate the installed Automatic Fire Sprinkler System. Staff responded in accordance with the fire emergency Plan.

There were no apparent violations of the Life Safety Code as a result of the investigation.

The Surveyor was from:
Washington State Patrol
Fire Protection Bureau
143302 East Law Lane
Kennewick, WA. 993337-2011
Telephone: (509) 734-7029
FAX: (509) 734-7046


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FIRE PROTECTIC
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.