

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

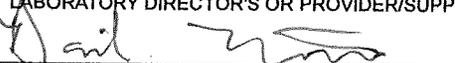
Printed: 04/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2015
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NAME OF PROVIDER OR SUPPLIER BEACON HILL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BEACON HILL DRIVE LONGVIEW, WA 98632
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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>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety complaint investigation survey conducted at Beacon Hill Rehabilitation on 04/28/2015 by a representative of the Washington State Patrol, Fire Protection Bureau. Beacon Hill Rehabilitation has a total of 67 beds and at the time of this survey the census was 46. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a three story structure of Type 5 (111) construction with exits to grade. The facility is located on a hillside. Each of the levels has 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. Complaint intake ID 47427. During an inspection of the fire sprinkler system an issue was discovered with the riser on the second floor. Facility implemented their fire watch policy due to the sprinkler system being out of service for more than 4 four hours in a 24 hour period. The facility was in fire watch from 1800 hours on April 22nd thru 1800 hours on April 23rd. Riser was fixed and the sprinkler system was placed back in operation. The facility is in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Dan Young Deputy State Fire Marshal</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Plant Supervisor	(X6) DATE 4-28-2015
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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.