

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

APR 09 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> FIRE PREVENTION DIVISION  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>04/01/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>COLUMBIA CREST CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1100 EAST NELSON ROAD MOSES LAKE, WA 98837</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>Surveyor: 28239</p> <p>Intake ID# 3085541</p> <p>This report is a result of an unannounced Fire and Life Safety complaint survey conducted on 04/01/2015 at Columbia Crest Center SNF located at 1100 E Nelson Road., Moses Lake, WA by a representative of the Washington State Fire Marshal.</p> <p>This survey is in response to the waiver request for additional time to comply with K-144, generator remote stop-switch. Waiver expires 05/13/2015. Upon record review, observation and staff interviews with the Administrator and Maintenance Director, between the hours of 1530 and 1600 on 04/01/2-15, it is determined that the installation of the remote stop-switch has been completed as of 03/19/2015 (by Legacy Power Systems).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a single story Type V (111) Construction with support facilities located within the building. Exiting from the building is direct to grade level. The census today is 69 with a capacity for 111. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an addressable Automatic Fire Alarm System with corridor and resident room smoke detection. Manual pull stations are located at exits.</p> <p>The facility is found to be in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karl Hennig</i>	TITLE <i>Carly</i>	(X6) DATE <i>4/1/2015</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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FORM APPROVED  
OMB NO. 0938-0391

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K 000	Continued From page 1 The Surveyor was:  Doug DeGraff Deputy State Fire Marshal Life Safety Code Inspector 28239  The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA. 98837 Telephone: (509) 734-5806 doug.degraff@wsp.wa.gov   Doug DeGraff, DSFM 28239	K 000			