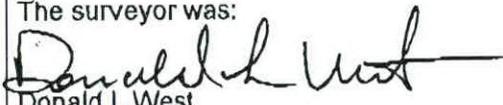


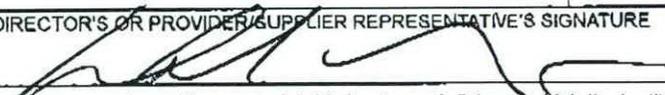
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2015
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NAME OF PROVIDER OR SUPPLIER SEQUIM HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 650 WEST HEMLOCK ST SEQUIM, WA 98382
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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)	(X6) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Sequim Health And Rehab on 10/6/2015 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>The facility has a total of 100 beds and at the time of this survey the census was 98.</p> <p>The New section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a single story structure of Type V-A construction with 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.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Donald L West Deputy State Fire Marshal</p>	K 000		
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in</p>	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Executive Director (X5) DATE 10-16-15

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2015
NAME OF PROVIDER OR SUPPLIER SEQUIM HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 650 WEST HEMLOCK ST SEQUIM, WA 98382		
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K 144	Continued From page 1 accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: Surveyor: 19192 Based upon observations and staff interviews on 10/6/2015 at approximately 1130 hours the facility failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The emergency generator does not have an emergency shut off switch remote from the generator that will shut the generator off in the event of a fire or other emergency. The above was discussed and acknowledged by the facility maintenance director.	K 144	<i>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report."</i> Deficiencies related to K 144 will be corrected as follows: 1) Correction/s as it relates to the resident/s: No correction as no resident identified. 2) Action/s taken to protect residents in similar situations: Correction will be for all residents. 3) Measures taken or systems altered to ensure that solutions are sustained: Pacific power will install a remote shut off per regulation after obtaining construction review approval. 4) Plans to monitor performance to ensure solutions are sustained and person responsible: Maintenance director will ensure the switch is included in the generator testing required to ensure compliance. POC completion date is 11/10/15 which is 35 days max per the accompanying 2567 cover letter. Sequim Health and Rehab reserves the right to extend compliance out to 12/4 which is 60 days. The extension is due to the uncertain speed of WA State construction review as the contractor stands at the ready.	DATE 11/10/15 or up to 12/4/15