

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

Printed: 03/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2014
NAME OF PROVIDER OR SUPPLIER FIR LANE HEALTH AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2430 NORTH 13TH STREET SHELTON, WA 98584		
(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
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Fir Lane Health and Rehab Center on 03/06/14 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. Fir Lane has a total of 135 beds and at the time of this survey the census was 100. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type V (1,1,1) 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.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p>  <p>Dan Young Deputy State Fire Marshal</p>	K 000		
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: Surveyor: 29197</p>	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Donna Robinson

Administrator

3/14/14

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.

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

Printed: 03/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505230	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2014
NAME OF PROVIDER OR SUPPLIER FIR LANE HEALTH AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2430 NORTH 13TH STREET SHELTON, WA 98584		
(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
K 038	<p>Continued From page 1</p> <p>Based upon observations and staff interviews on 03/06/14 between approximately 1230 and 1500 hours the facility has failed to maintain the exit discharge free of obstructions. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to: The exit discharge from the A3 Secure wing was observed to not be paved to the public way.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 038	<p>The facility has retained a contractor to pave the walkway to the public way.</p> <p>All areas exiting the building have been evaluated to ensure resident, staff, and visitors safety when exiting or entering the facility.</p> <p>All exits will be reviewed weekly to ensure all equipment and surfaces are intact for safety of residents, staff, and visitors.</p> <p>Maintenance supervisor and Administrator will monitor for compliance.</p>	4/14/14