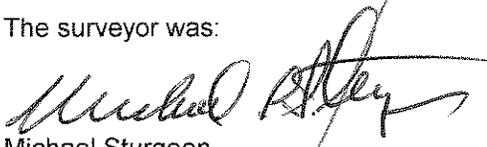


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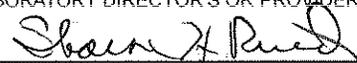
Printed: 01/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505059	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2015
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NAME OF PROVIDER OR SUPPLIER PANORAMA CITY CONV & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 SLEATER KINNEY ROAD SE LACEY, WA 98503
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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
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 09338 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Panorama Convalescent and Rehabilitation Center on January 8, 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 team.</p> <p>Panorama has a total of 155 beds and at the time of this survey the census was 118.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure of Type 2-111 construction with exits to grade or enclosed stairwells and elevators. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor and resident room smoke protection.</p> <p>Deficiencies observed during the survey are documented below.</p> <p>The surveyor was:  Michael Sturgeon Deputy State Fire Marshal.</p>	K 000		
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	DATE 1-15-15	(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.

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K 144	Continued From page 2 Based on records review and interview with staff on January 8, 2015, between 10:00 a.m. and 2:30 p.m. the facility failed to provide documentation of the required monthly 30 minute load test of the emergency generator system. Failure to conduct load testing of the emergency generator system could create an interruption of emergency electrical service to the facility, residents, and employees. Findings include but are not limited to: There was no documentation to confirm or substantiate that the emergency generator system was being tested under load on a monthly basis. This was discussed and acknowledged by the environmental services director.	K 144		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 09338 This standard is not met as evidenced by: Based on observation and interview with staff on January 8, 2015, between 10:00 a.m. and 2:30 p.m. the facility failed to maintain a safe and compliant electrical environment which could contribute to or cause a fire within the facility. Findings include but are not limited to: 1. Room 254 blocked by carts.  2. Room 258, a fan was observed plugged into a power strip.	K 147	K147 The facility will maintain a safe and compliant electrical environment. Existing violations 1-10 corrected. Created a written training guideline for all employees outlining the proper and improper use of power strips, explaining why extension cords cannot be used, the need to provide clear and unobstructed access to electrical panels and rooms, and improper storage within those rooms. All employees will receive and sign for this training.	1/13/15 1/12/15 1/30/15

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K 147	<p>Continued From page 3</p> <ol style="list-style-type: none"> 3. Second floor nurses station, copy machine plugged into power strip. 4. Social Services office, coffee pot plugged into extension cord. 5. Speech Therapy office, electrical cord wrapped around chair wheels. 6. Physical Therapy office, copy machine plugged into surge protector. 7. Room 152, refrigerator plugged into power strip. 8. Nurses cart, "C" first floor, plugged into extension cord. 9. Main electrical room used for storage of combustible materials. 10. Main electrical room, open wall box. <p>The above was discussed and acknowledged by the environmental services director.</p>	K 147	<p>The Environmental Service Manager will conduct a quarterly walk thru of the entire facility and document and correct any violations.</p> <p>Administrator will review quarterly documentation.</p> <p>The Environmental Services Manager is responsible for assuring compliance.</p>	

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