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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2013
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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
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INITIAL COMMENTS

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This report is the result of an unannounced Quality Indicator Survey conducted at Panorama City Convalescent and Rehabilitation Center on 03/25/13, 03/26/13, 03/27/13, 03/28/13 and 03/29/13. A sample of 41 residents was selected from a census of 141. The sample included 33 current residents and the records of 8 former and/or discharged residents.

The survey was conducted by:

- ██████████, MSW
- ██████████, RN, BSN
- ██████████, RN, BSN
- ██████████, RN, BSN

The survey team is from:

Department of Social & Health Services
Aging & Long Term Support Administration
Residential Care Services, District 3, Unit C & D
6639 Capital Boulevard SW
P.O. Box 45819
Tumwater, WA 98504-5819
Telephone: 360.664.8429
Fax: 360.664.8451

DEFICIENCY FREE SURVEY--Panorama City Convalescent and Rehabilitation Center IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR Part 483, Subpart B, REQUIREMENTS FOR LONG TERM CARE FACILITIES.

Joan Pierce 4-4-13
Residential Care Services Date

RECEIVED
APR 18 2013
DSHS/ADSA/RCS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sharon P... NHA</i>	TITLE NHA	(X6) DATE 4-15-13
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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.