

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

Printed: 09/23/2013
FORM APPROVED
OMB NO. 0938-0391

549

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2013
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LUTHERAN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1841 EAST UPRIVER DRIVE SPOKANE, WA 99207
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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>INITIAL COMMENTS</p> <p>This inspection report is the result of a Complaint follow up regarding a Time Waiver granted to Riverview Lutheran Care Center for K147 which was set to expire on 9/30/13. Facility has made the necessary corrections to the deficiencies cited on the initial survey conducted on 6/18/12. Facility is now considered to be in substantial compliance.</p> <p>The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130 Spokane, WA 99210-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639</p>  Cliff Rogers, DSFM	K 000		
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RECEIVED
SEP 30 2013
FACILITY

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Maintenance Director	(X6) DATE 9/23/13
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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.