

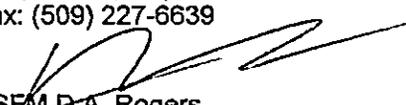
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/31/2015
FORM APPROVED
OMB NO. 0938-0391

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 12/31/2015
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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 report is the result of an unannounced Fire and Life Safety waiver clearance survey for intake ID# 3173190 at Riverview Lutheran Care Center in Spokane, Washington on 12/31/15 by a representative of the Washington State Patrol, Fire Protection Bureau.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure with a full basement of Type V-1 hour construction with exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. The facility is licensed for 75 residents with a current census of 69.</p> <p>The waiver for K-130 expired December 31, 2015.</p> <p>The facility is in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was: David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p> <p>The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639</p> <p> DSFM D.A. Rogers</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Facilities Assistant	(X6) DATE 12/31/15
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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.