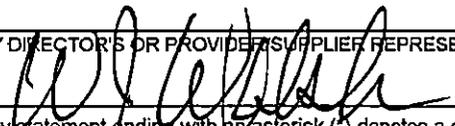


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
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NAME OF PROVIDER OR SUPPLIER DELTA REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 TERRACE SNOHOMISH, WA 98290
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Delta Rehabilitation Center on 2/19/2015 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 teams.</p> <p>The facility has a total of 125 beds and at the time of this survey the census was 115.</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 single story structure of Type V-A 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. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Donald L West Deputy State Fire Marshal</p>	K 000	<p>Preparation and implementation of this plan of correction does not constitute admission or agreement by Delta Rehabilitation Center with the facts, findings or other statements as alleged by the State Survey Agency dated 02/19/15. Submission of the plan of correction is required by law and does not evidence truth of any of the findings. Delta Rehabilitation Center specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action.</p>	
K 056 SS=F	NFFA 101 LIFE SAFETY CODE STANDARD	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin	(X6) DATE 2/24/15
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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.

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K 056	<p>Continued From page 1</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 2/19/2015 between approximately 0900 and 1230 hours the facility has failed to provide fire</p>	K 056	<p>K 056 NFPA 101 Life Safety Code Standard The identified areas that lack sprinkler coverage</p> <ul style="list-style-type: none"> • B-1 hot water tank closet • The patio outside of the rehab gym • The ramp to the basement • The entrance to the kitchen • The B-4 covered porch • B-3 hot water tank closet <p>have all been observed and reviewed by a certified sprinkler installation company. Plans are being drawn for retrofitted sprinklers and installation will proceed as soon as approval and permit process is completed.</p> <p>The sprinkler head that was painted at the end of the hallway will be replaced within 5 days.</p> <p>The 5 year test for the FDC back flush and internal pipe exam is scheduled for the first week in March of 2015.</p> <p>This will be monitored by the Manager of Physical Properties.</p>	3/20/15

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
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K 056	Continued From page 2 sprinkler protection to all required areas of the facility. This could result in a fire not being contained to the area of origin and could endanger residents, staff and/or visitors. The findings include, but are not limited to: 1. In Building #1 there is a hot water tank located in a closet that was constructed however there is no sprinkler coverage in the closet. 2. In building #1 there is no sprinkler coverage in the outside patio outside of the Rehab gym that has a cover of combustible materials and is more than four feet in width. 3. In the basement at the end of the hallway there is a sprinkler head that has been painted. 4. The ramp to the basement has a cover over it that is made of combustible materials and is more than 4 feet in width and is not sprinkled. 5. The entrance to the kitchen from the outside has an overhang that is more than 4 feet in width and is not sprinkled. 6. In building #4 the covered porch is more than 4 feet in width and is not sprinkled. 7. In building #3 there is a hot water tank in a closet that was constructed inside the mini gym, the closet is not sprinkled. 8. The five year tests for the FDC backflush, internal pipe exam, and gauge replacement or recalibrations are due. The above was discussed and acknowledged by the facility maintenance director.	K 056		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 3 This Standard is not met as evidenced by: Surveyor: 19192 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This requirement is not met as evidenced by: Based upon observations and staff interviews on 2/19/2015 between approximately 0900 and 1230 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. The emergency generator has no emergency shut off switch to shut the generator down in the event of a fire. The above was discussed and acknowledged by the facility maintenance director.	K 144	K 144 NFPA 101 Life Safety Code Standard The provider's generator contractor has been contacted and has agrees to provide and install a shut off switch for the generator. This will be monitored by the Manager of Physical Properties.	3/20/15
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 4 This Standard is not met as evidenced by: Surveyor: 19192 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This requirement is not met as evidenced by: Based upon observations and staff interviews on 2/19/2015 between approximately 0900 and 1230 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. In building #1 room #5 at bed #1 there is an extension cord in use. 2. In building #1 room #5 there is an extension cord in use at the chest of drawers next to the main door. 3. In building #2 room #10 there is a multi plug adaptor that is no over current protected in use at bed #1. 4. In building #2 room #10 there is a power strip plugged into another power strip at bed #2. 5. In building #2 room #4 there is a power strip plugged into another power strip at bed #2. 6. In building #2 room #4 at bed #1 there is an extension cord in use. 7. In building #3 room #7 there is a power strip plugged into another power strip at bed #2. The above was discussed and acknowledged by	K 147	K 147NFPA 101 Life Safety Code Standard All identified extension cords and power strips have been removed. Each building has rules posted now regarding the use of any extension cords or power strips. Any staff member who sees any extension cords or power strips have been instructed to remove it immediately. Family members will be notified of the fire marshals regulations regarding power strips and extension cords. This will be monitored by the Manager of Physical Properties.	2/27/15

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K 147	Continued From page 5 the facility maintenance director.	K 147		

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