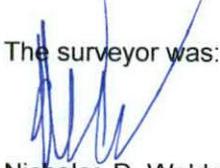
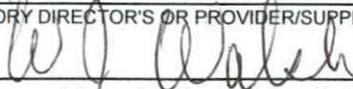


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/01/2015
FORM APPROVED
OMB NO. 0938-0391

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 R 04/01/2015
NAME OF PROVIDER OR SUPPLIER DELTA REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1705 TERRACE SNOHOMISH, WA 98290		
(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: 35231</p> <p>This report is the result of an unannounced Fire and Life Safety re-inspection survey conducted at Delta Rehabilitation Center on 4/1/2015 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 113.</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:</p>  <p>Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000		
K 056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is</p>	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Admin

(X6) DATE

4/09/15

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>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: 35231 Based upon observations and staff interviews on 04/01/2015 between approximately 13:00 and 14:00 hours the facility has failed to provide fire 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.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 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. 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. 4. The entrance to the kitchen from the outside 	K 056	<p>Due to the unknown process and procedure timelines of the Construction Review Services unit at the Department of Health, the local Snohomish building permitting process and the sprinkler system installation company we are requesting a waiver through the Washington State Fire Marshal's Office. We have applied for a Construction Review Service permit.</p> <p>We are in discussion with the local city building Inspector and the plans have been drawn for submission by the sprinkler systems installation company.</p> <p>Due to the complexity of the process and unknown timelines the waiver requested is for four (4) months to assure the ability of the facility to comply with this citation.</p>	8/01/15

wfw

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K 056	Continued From page 2 has an overhang that is more than 4 feet in width and is not sprinkled. 5. In building #4 the covered porch is more than 4 feet in width and is not sprinkled. The above was discussed and acknowledged by the facility maintenance director.	K 056			