

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505405	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
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NAME OF PROVIDER OR SUPPLIER WARM BEACH HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292
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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 INITIAL COMMENTS

K 000

An unannounced Life Safety Code Survey was conducted at Warm Beach Health Care Center, Stanwood, Washington, on October 18, 2012 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.

The LTC 81 bed facility with a census of 72, consisted of a Type V-111, 1 story structure, has no basement and was built in 1975. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.

A Federal Life Safety Survey was conducted October 18, 2012. The Maintenance Director accompanied the Deputy State Fire Marshal throughout the facility tour and paperwork verification from 10:20 AM to 1:00 PM. While conducting the survey on October 18, 2012, no deficiencies were found.

The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

Paul V. Schroer

Paul V. Schroer
Deputy State Fire Marshal

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

TITLE

(X6) DATE

L. H. ...

DN'S

10-18-12

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.