DEPARTMENT OF HEALTH AND HUMA. SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING	(X3) DATE SURVEY COMPLETED
	505405		**05/21/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARM BEACH HEALTH CARE CENTER	**20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292**

(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	INITIAL COMMENTS An unannounced Life Safety Code Complaint Survey was conducted at Warm Beach Health Care Center, Stanwood Washington, on May 28, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, WSP Bellevue District Office. 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 (LTC). The complaint alleges that while facility staff were working on a HVAC unit located on the building roof, a small fire involving the thermostat and a small paper sign located directly above the thermostat occurred. Discussion with the facility maintenance staff identified the chain of events from the initial event to the completion of the actions following the fire. While the maintenance staff was working on the roof, a kitchen employee noticed the smoking thermostat and immediately called for help. The doors of the dining room were closed at the time and no residents were in the room. As the call for help was being placed, the sign above the thermostat ignited. Another employee in the area pulled the fire extinguisher located less than eight feet from the fire and extinguished the fire. The local fire department had been called, on arrival the Fire Department assisted in	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[illegible]	Executive Director	5/28/14

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 000	Continued From page 1 determining if there was any fire extension in the wire run. Finding none, the area was ventilated for the removal of smoke. Facility maintenance contacted the vendor to have the thermostat replaced which was completed the day following the fire. Maintenance staff has completed the repair of the wall and will no longer allow combustible signs to be placed in the area around thermostats. Following the discussion with staff it appears this event was caused by accidental contact of normal voltage accidentally applied to the low voltage thermostat wires, leading to overheating of the device and resulting in the ignition of the combustible sign located directly above the device. The response to the event demonstrated the ability of staff to utilize the training received and that staff followed the proper process to ensure the safety of the facility residents and other staff members. All proper actions were taken, alarms did not activate as the fire was noticed prior to alarm activation. The facility made all required notifications. To prevent any discomfort of the residents, dinner was served in an adjacent room the evening of the fire. Once the dining room had been sufficiently ventilated, normal use of the dining room resumed. The facility is in compliance with the Life Safety	K 000		

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K 000	Continued From page 2 Code 2000 Edition as adopted by CMS. The Surveyor was: Phil Cane Deputy State Fire Marshal	K 000		