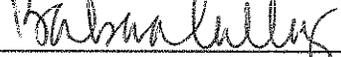


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

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  12/24/2014
NAME OF PROVIDER OR SUPPLIER <b>WARM BEACH HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Warm Beach Health Care Center on 12/24/2014 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 81 beds and at the time of this survey the census was 51.</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 &amp; Medicaid Services.</p> <p>The surveyor was:  Donald L. West Deputy State Fire Marshal</p>	K 000		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD	K 018		

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



TITLE

Executive Director

(X6) DATE

12/30/14

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.

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

Printed: 12/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/24/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>WARM BEACH HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292</b>		
(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 018 SS=F	Continued From page 1  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.  <i>This Standard is not met as evidenced by:</i> Surveyor: 19192 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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

Printed: 12/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/24/2014</b>	
NAME OF PROVIDER OR SUPPLIER <b>WARM BEACH HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292</b>		
(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 018	<p>Continued From page 2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 12/24/2014 between approximately 0915 and 1130 hours the facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. The door to the Oxygen storage room in the B wing failed to close and latch.</li> <li>2. The door to the clean linen closet in the B wing failed to close and latch.</li> </ol> <p>The above was discussed and acknowledged by the facility maintenance director.</p>	K 018	<ul style="list-style-type: none"> <li>• We've adjusted the closing speed of the door to the oxygen storage room in "B" wing and the door to the clean linen room in "B" wing to ensure they latch properly as verified by the State Fire Marshal.</li> <li>• To protect residents in all wings, we are conducting routine inspections of ancillary service area doors within the nursing home</li> <li>• To ensure no recurrence we will setup a recurring work order in the facilities work order system to ensure routine inspections are done in a timely manner.</li> </ul>	12/24/14  1/15/15  1/15/15
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062	<ul style="list-style-type: none"> <li>• Any closure issues will be addressed through corrective actions and will be documented on the work order form and in the work order system.</li> <li>• The Facilities Director will monitor systems and inspection documentation to ensure compliance.</li> </ul>	On-going  On-going

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

Printed: 12/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/24/2014</b>	
NAME OF PROVIDER OR SUPPLIER <b>WARM BEACH HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292</b>		
(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 062	<p>Continued From page 3</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 12/24/2014 between approximately 0915 and 1130 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. The dry pendent sprinkler heads in the walk in cooler and freezer are more than ten years old and shall be replaced.</li> </ol> <p>The above was discussed and acknowledged by the facility maintenance director.</p>	K 062	<ul style="list-style-type: none"> <li>• To resolve the overdue replacement of the pendant sprinkler heads in the walk in refrigerator and freezer, we have contacted Commercial Fire Protection to have a technician assess sprinkler for replacement parts. Technician will be on site to take measurements of sprinkler pendants and place order for replacement parts to be replaced as soon as parts are available.</li> <li>• There are no other walk in refrigerator or freezer pendant sprinkler heads.</li> <li>• Install a tickler (reminder) system to track when work was accomplished and the next time it needs to be done to ensure compliance.</li> <li>• The Facilities Director will monitor the tickler system for upcoming sprinkler head maintenance and replacement.</li> </ul>	<p>12/29/14</p> <p>12/30/14</p> <p>N/A</p> <p>1/15/15</p> <p>On-going</p>