

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

Printed: 02/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> - MAIN BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>COLUMBIA BASIN HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 NAT WASHINGTON WAY EPHRATA, WA 98823</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: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 02/17/2016 at Columbia Basin Hospital SNF, located at 200 Nat Washington Way, Ephrata, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is located in a wing of a single story Type V (111) Construction with support facilities located in a separate wing of the building and a separated facilities building. The SNF occupies the NW wing of the building and is separated by 2 hour firewalls from the AL wing and the Hospital wing. Exiting from the building is at grade level. The census today is 12 with a capacity for 12. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Addressable Automatic Fire Alarm System with corridor smoke detection and resident room addressable smoke detectors and manual pull stations.</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities."</p> <p>The Surveyor was:  Doug DeGraff Deputy State Fire Marshal Life Safety Code Surveyor 28239</p>	K 000		

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

TITLE

(X6) DATE

*Doug DeGraff*

*DS*

*2/17/16*

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  The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA Telephone: (509) 734-5806 FAX: (509) 734-5846   Doug DeGraff, DSFM	K 000		