

State of Washington

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>013220 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>02/27/2023 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>RAINIER SPRINGS | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2805 NE 129TH ST<br>VANCOUVER, WA 98686 |
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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) COMPLETE DATE |
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| L 000 | <p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-320 Hospital Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite review dates: 02/23/23-02/24/23, 02/27/23<br/>Case number: 2022-756<br/>Intake number: 119792</p> <p>There were no violations found pertinent to this complaint.</p> | L 000 |  |  |
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State Form 2567

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

TITLE

(X6) DATE