DEPARTMENT OF HEALTH AND HUMAN 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
	50G036		**04/15/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELOT GROUP HOME	**9201 2ND AVENUE NORTHWEST SEATTLE, WA 98117**

(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 Surveyor: 19192 On April 15, 2015 an unannounced fire and life safety recertification survey was conducted at Camelot Group Home located at 9201 2nd ave NW Seattle Wa, 98117 by a representative of the Washington State Patrol, State Fire Marshal's Office in accordance with with Chapter 33 of the 200 life safety code and in accordance with CFR483.70. This facility is a single story type V-A structure with exiting direct to grade level, the building is equipped with a NFPA 13-R sprinkler system and full automatic smoke detection. The facility has a licensed capacity of 6 residents with a census today of 4. The facility is not in compliance at this time. Donald L West Deputy State Fire Marshal	K 000		
K0012	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD IMPRACTICAL Buildings are of any construction type in accordance with 8.2.1 other than Type II (000), Type III (200), or Type V (000) construction. 33.2.1.3.3. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 are permitted to be of any type of construction.	K0012	K0012 1. The maintenance man will refinish the wall behind the washing machine and put up new drywall. This will occur by May 20th, 2015. In order to ensure this does not happen again the facility manager will perform a monthly scheduled walk through checking the walls beginning May 2015. If any issues are found, the manager will immediately put in a maintenance request.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: QIDP | (X6) DATE: 4/22/15

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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K0012	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 19192 This requirement is not met as evidenced by: Based upon observations and staff interviews on 4/15/2015 between approximately 0830 and 1015 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. In the laundry room there is a large section of drywall that is falling off the wall exposing the wood frame construction. The above was discussed and acknowledged by the staff on duty.	K0012		
K0018	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4 Doors are self-closing or automatic closing in accordance with 7.2.1.8 Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.	K0018	K0018 1. The maintenance man modified the door to the laundry room so that it does not drag on the floor, and so that it self closes and latches now. This was completed on 4/22/15. In order to ensure this does not happen again, the facility manager will perform a monthly scheduled walk through of the facility checking for obstructions beginning May 2015. The manager will put in a maintenance request immediately upon finding an issue.	

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K0018	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 19192 This requirement is not met as evidenced by: Based upon observations and staff interviews on 4/15/2015 between approximately 0830 and 1015 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. The findings include, but are not limited to: 1. The door to the laundry room is dragging on the floor and will not self close and latch tight to the frame. The above was discussed and acknowledged by the Staff on duty.	K0018		