

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

Printed: 05/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  50G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  05/13/2015
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NAME OF PROVIDER OR SUPPLIER. FIRCREST SCHOOL PAT A	STREET ADDRESS, CITY, STATE, ZIP CODE 15230 15TH NORTHEAST D SEATTLE, WA 98165
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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) COMPLETION DATE
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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 Fircrest School Pat "A" on 5/13/2015 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 160 beds and at the time of this survey the census was 132.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility consists of 10 building of single story structure of Type 5-B construction with partial second story office and mechanical space, exits are to grade. The facility is protected by a Type 13-D fire sprinkler system in the living areas 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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Superintendent	(X6) DATE 5/19/15
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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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NAME OF PROVIDER OR SUPPLIER <b>FIRCREST SCHOOL PAT A</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>15230 15TH NORTHEAST D SEATTLE, WA 98155</b>
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K0011 K0011	Continued From page 1 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  The facility is housed in a building where the interior is fully sheathed with lath and plaster or other material providing a 15 minute thermal barrier, including all portions of bearing walls, bearing partitions, floor construction, and roofs. All columns, beams, girders, and trusses are similarly encased or otherwise provide not less than a ½ hour fire resistance rating. 33.2.1.3.2.  Exception No. 1: Exposed steel or wood columns, girders, and beams (but not joists) located in the basement.  Exception No. 2: Buildings of Type I, Type II (2,2,2), Type II (1,1,1), Type III (2,1,1), Type IV (1,1,1) construction (See 8.2.1)  Exception No. 3: Areas protected by approved automatic sprinkler systems in accordance with 33.2.3.5.  Exception No. 4: Unfinished, unused, and essentially inaccessible loft, attic, or crawl space.  Exception No. 5: Where the facility achieves an E-score of three or less using the board and care occupancies evacuation capability determination methodology of NFPA 101A, Guide on Alternative Approaches to Life Safety.  This Standard is not met as evidenced by: Surveyor: 19192 Based upon observations and staff interviews on 5/13/2015 between approximately 0900 and	K0011 K0011		

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K0011	Continued From page 2 1430 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 building 315 there are holes in the ceiling and back wall. 2. In the 314 mechanical/electrical room there is a large hole in the ceiling. 3. In 307 there are holes in the ceiling next to the light fixture.  The above was discussed and acknowledged by the facility safety officer.	K0011		
			WR#00093116/WO#15051300124	05.13.2015
			WR#00093119/WO#15051300127	05.13.2015
			WR#00093121/WO#15051300129	05.13.2015
K0018	483.470(l)(1)(l) 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.  This Standard is not met as evidenced by:	K0018		

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K0018	<p>Continued From page 3 Surveyor: 19192 Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 5/13/2015 between approximately 0900 and 1430 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> <p><b>317 &amp; 318</b> 1. The fire doors separating the service hallway on both sides were found wedged open. 2. The door to the upstairs office area and storage area were found wedged open.</p> <p><b>313 &amp; 314</b> 1. The door to the upstairs office area was found wedged open and the door failed to latch closed.</p> <p><b>307 &amp; 308</b> 1. The door to the laundry room was found wedged open, this door has a magnetic hold open device that appears to be non functional.</p> <p><b>303 &amp; 304</b> 1. The door to the laundry room was found wedged open, this door has a magnetic hold open device that appears to be non functional.</p>	K0018	<p>WORK ORDERS SUBMITTED:</p> <p>WR#00093122/WO#15051300130</p> <p>Email sent to remind all managers about not obstructing the proper operation of any fire door.</p> <p>The inspection of fire door operation will be checked weekly by the Safety Officer. If any are found, they will be corrected at that time.</p>	<p>05.13.2015</p> <p>05.19.2015</p> <p>05.19.2015</p>

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K0018	Continued From page 4 301 & 302  1. The door to the laundry room was found wedged open, this door has a magnetic hold open device that appears to be non functional.  The above was discussed and acknowledged by the Facility safety officer.	K0018	All work orders submitted by the Safety Officer. They have a required completion date of 06.12.2015. The Safety Officer will submit an accounting of the actual completion date prior to 06.12.2015.	

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