

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

RECEIVED

Printed: 06/20/2012
FORM APPROVED
OMB NO. 0938-0391

JUL 20 2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ FIRE PROTECTION BUREAU	(X3) DATE SURVEY COMPLETED 06/20/2012
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NAME OF PROVIDER OR SUPPLIER SEA MAR COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108
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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

INITIAL COMMENTS

K 000

Surveyor: 19192
On June 20, 2012 an un announced fire and life safety re-certification survey was conducted at Sea Mar Community Care Center located at 1040 S Henderson St Seattle WA 98108 by a representative of the Washington State Patrol, State Fire Marshal's Office. The existing section of the 2000 life safety code was used in accordance with 42 CFR 483.70.

This facility is a three story type II-A structure, exiting is through rated stair enclosures from the upper floors and direct to grade from the main level. The building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection.

The census today is 94 patients with a total capacity of 100.


Donald L West
Deputy State Fire Marshal

K047 NFPA 101 Life Safety Code Standard

The facility will maintain the illuminated exit signs in the building capable of illuminating the path of exit from the building; this finding was acknowledged at the time of the survey by the facility safety officer.

1. The light that was burnt out in the exit sign in the corridor by the fire separation doors at the therapy room was replaced. We will continue to do daily checks of lighting and monitor for possible replacement needs.

6/20/12

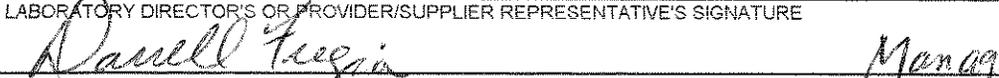
K 047
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

K 047

Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1

This Standard is not met as evidenced by:
Surveyor: 19192
During the facility tour on June 20,2012, from

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Manager</i>	(X6) DATE <i>6/20/12</i>
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505489	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ FIRE PROTECTION BUREAU	(X3) DATE SURVEY COMPLETED 06/20/2012
NAME OF PROVIDER OR SUPPLIER SEA MAR COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108		
(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 047	Continued From page 1 0800 to 1100 it was observed that the facility failed to maintain the illuminated exit signs in the building capable of illuminating the path of exit from the building, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was: 1. In the corridor by the fire separation doors at the therapy room there is an exit sign that was not illuminated.	K 047		