

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2013
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NAME OF PROVIDER OR SUPPLIER COVENANT SHORES HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9107 FORTUNA DRIVE MERCER ISLAND, WA 98040
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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: 28239
 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 11/04/2013 at Covenant Shores Health Center SNF located at 9107 Fortuna Dr., Mercer Island, 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).

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a 2-story Type V (111) Construction with both floors exiting to grade; the 2nd floor also exits through a rated stair enclosure (sloped site). Support facilities (kitchen and administration) are located on the 1st floor. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic / Manual Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. There is a tunnel off the 1st floor connecting the SNF to the AL facility next door (2 hour rated fire/smoke barrier between the buildings). The census today is 36 with a capacity for 43.

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. "

The Surveyor was:

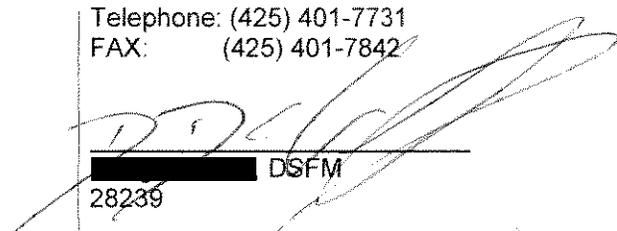

 Deputy State Fire Marshal
 Life Safety Code Inspector
 28239

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE FM Director	(X6) DATE 11-4-13
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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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FORM APPROVED
OMB NO. 0938-0391

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K 000	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842  [REDACTED] DSFM 28239	K 000		