

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

Printed: 12/26/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505417 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 12/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER SAINT ANNE NURSING AND REHABILITATION | STREET ADDRESS, CITY, STATE, ZIP CODE 3540 NORTHEAST 110TH STREET SEATTLE, WA 98125 |
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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>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at Saint Anne Nursing and Rehabilitation Center, Seattle, Washington, on December 26, 2012 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 47 bed facility with a census of 43, consisted of a Type V-111, 1 story structure, with a basement that is used for environmental services and storage. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>A Federal Life Safety Survey was conducted December 26, 2012. The Maintenance Director accompanied the Deputy State Fire Marshal throughout the facility tour and paperwork verification from 8:45 AM to 11:15 AM. While conducting the survey on December 26, 2012, no deficiencies were found.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> Paul V. Schroer Deputy State Fire Marshal</p> | K 000 | <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 02 2013</p> <p style="text-align: center;">FIRE PROTECTION BUPEAU</p> | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marta Smt</i> | TITLE <i>Administrative</i> | (X6) DATE <i>12-26-2012</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.