

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

PRINTED: 11/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505511	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2015
NAME OF PROVIDER OR SUPPLIER LEON SULLIVAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2611 SOUTH DEARBORN SEATTLE, WA 98144		
(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	<p>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at Leon Sullivan Health Care Center, Seattle Washington, on October 27, 2015 by staff from the Washington State Patrol, Fire Protection Bureau Bellevue District Headquarters.</p> <p>The 2000 existing section of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>Leon Sullivan Health Care Center is a 165 bed facility with a census of ___ consisting of a Type II-A; 3 story structure built in 1995 and has a basement. 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>There were deficiencies identified during this survey, they are identified below. The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The Surveyor was:</p> <p>Phil Cane Deputy State Fire Marshal Washington State Patrol, Fire Protection Bureau Bellevue District Headquarters</p>	K 000			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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K 144 SS=F	<p>Continued From page 1</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based upon observations and staff interviews on October 27, 2015 between approximately 1200 and 1500 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that could result in endangerment of the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: 1) The facility emergency generator is not equipped with a remote manual stop switch required by NFPA 110 (1999) 3-5.5.6.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 144		