

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

Printed: 01/03/2014
FORM APPROVED
OMB NO. 0938-0391

1350

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - GARDEN TERRACE B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2014
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NAME OF PROVIDER OR SUPPLIER GARDEN TERRACE ALZHEIMER'S CENTER C	STREET ADDRESS, CITY, STATE, ZIP CODE 491 SOUTH 338TH STREET FEDERAL WAY, WA 98003
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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>Surveyor: [REDACTED]</p> <p>On January 3, 2014 an unannounced fire and life safety code recertification survey was conducted at Garden Terrace Alzheimer's Center Of Excellence located at 491 S 338 th St Federal Way, WA 98003 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story Type V-A structure with a full basement, it also shares the main floor with an Assisted living wing. The building is protected throughout by a full NFPA 13 fire sprinkler system and automatic detection in the corridors and common areas. Exiting is direct to grade from both levels.</p> <p>The Skilled Nursing section of the building has a total licensed capacity of 70 patients with a census today of 55.</p> <p>The facility is in compliance at this time:</p> <p> Deputy State Fire Marshal</p>	K 000		
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RECEIVED
JAN 14 2014
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Executive Dir</i>	(X6) DATE <i>1/3/14</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.