

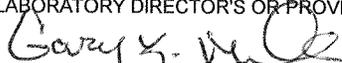
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505519</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - 01 MAIN BUILDING</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/19/2014</b> |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>BENSON HEIGHTS REHABILITATION CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22410 BENSON ROAD SE<br/>KENT, WA 98031</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Benson Heights Rehabilitation Center, Kent Washington, on May 19, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, WSP Bellevue District Office.</p> <p>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 (LTC).<br/>The LTC 91 bed facility with a census of 82 consisted of a Type V-1hr; 1 story structure built in 1963 and has no 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 no deficiencies identified during this survey. The facility is in compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The Surveyor was:<br/><br/>Phil Cane<br/>Deputy State Fire Marshal</p> | K 000 |  |  |
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MAY 22 2014  
FIRE PROTECTION BUREAU

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|---|-------------------------------|-----------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br><b>ADMINISTRATOR</b> | (X6) DATE<br><b>5-19-14</b> |
|---|-------------------------------|-----------------------------|

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.