

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

1397

Printed: 03/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2013
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NAME OF PROVIDER OR SUPPLIER ALASKA GARDENS HEALTH AND REHABILIT	STREET ADDRESS, CITY, STATE, ZIP CODE 6220 SOUTH ALASKA STREET TACOMA, WA 98408
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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

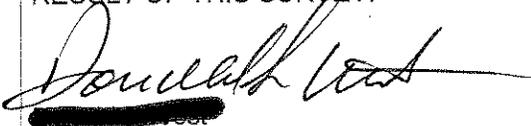
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Surveyor: 19192
On March 11, 2013 an unannounced fire and life safety code re-certification survey was conducted at Alaska Gardens Health And Rehab located at 6220 South Alaska Street, Tacoma WA, 98408. This survey was conducted in accordance using the existing section of the 2000 life safety code and 42 CFR 483.70.

This facility is a single story type V-A structure with exiting direct to grade level, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic detection in the corridors and common areas.

This facility has a licensed capacity of 123 residents with a census today of

THERE ARE NO DEFICIENCIES CITED AS A RESULT OF THIS SURVEY.


Deputy State Fire Marshal

RECEIVED
MAR 25 2013
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE KF1012	TITLE ED	(X6) DATE 3/11/13
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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.