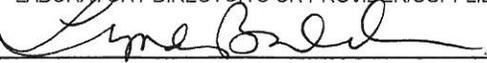


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505252	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER BURIEN NURSING AND REHABILITATION CE	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 SOUTHWEST 130TH STREET BURIEN, WA 98146
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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: 19192 On May 16, 2012 an unannounced fire and life safety code recertification survey was conducted at Burien Nursing and rehab located at 1031 SW 130 th St Burien WA 98146 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V- A structure with a partial basement, exiting is direct to grade level from all locations and the building is protected throughout by a full NFPA 13 fire sprinkler system, and automatic smoke detection.</p> <p>This facility has a continuing waiver in affect for the annunciator to the Emergency Generator for a gauge to monitor the full.</p> <p>The facility has a licensed capacity of 140 patients with a census today of 107.</p> <p>THERE ARE NO DEFICIENCIES CITED AS A RESULT OF THIS SURVEY:</p> <p> Donald L West Deputy State Fire Marshal</p>	K 000	<p>RECEIVED</p> <p>MAY 23 2012</p> <p>FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrat</i>	(X6) DATE 05/16/12
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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.