

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

Printed: 07/03/2013
FORM APPROVED
OMB NO. 0938-0391

1440 ✓

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505469	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2013
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NAME OF PROVIDER OR SUPPLIER THE TERRACES AT SKYLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 9TH AVENUE SEATTLE, WA 98104
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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
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on June 27, 2013 at the Terraces at Skyline SNF located at 715 9th Ave., Seattle, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The new section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility occupies the 7th and 8th floors of a thirteen story structure of Type I (332) Construction with the commercial kitchen on the 5th floor. Exiting from the SNF floors is through rated stair enclosures to grade. The census today is 30 with a capacity for 34. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Jane Whitaker HSA *Interim Health Services Director* 6/27/13

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 000	<p>Continued From page 1 the patient rooms of the SNF. Manual pull stations are located at the exits.</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities."</p> <p>The Surveyor was: [REDACTED] Deputy State Fire Marshal Life Safety Code Inspector 28239</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842</p> <p>[REDACTED] DSFM 28239</p>	K 000		
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